

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NOEM VICTORY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. HAGEMAN, HARRIET, , ,**

Mailing Address 320 W 4TH AVE

City  
CHEYENNE

State  
WY

Zip Code  
82001-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NCLA

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2021

Transaction ID : A5049F5A79433498AB94

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. HALL, RONALD, A., ,**

Mailing Address 265 AUGUSTA CIR

City  
DAKOTA DUNES

State  
SD

Zip Code  
57049-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KNIFE RIVER NC

Occupation (for Individual)  
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2021

Transaction ID : AFBA28002CB714547B2C

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HANCOCK, DENA, RAE, ,**

Mailing Address 4101 GULF SHORE BLVD N  
# 14-S

City  
NAPLES

State  
FL

Zip Code  
34103-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOLISANO CHILDREN'S MUSEUM OF NAPLES

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2021

Transaction ID : A244C87F339DE453698B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶